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Atty Docket No. 016354-005213US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Nahir B. Patel

Group Art Unit 1614

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Nahir B. Patel**

CERTIFICATION OF FACSIMILE TRANSMISSION

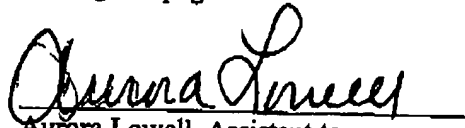
I hereby certify that the following documents in re Application of Keith G. Lurie et al., Application No. 10/796,875, filed March 8, 2004 for VENTILATOR AND METHODS FOR TREATING HEAD TRAUMA AND LOW BLOOD CIRCULATION are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 page); and
2. Amendment (14 pages).

Number of pages being transmitted, including this page: 15

Dated: February 1, 2006


Aurora Lowell, Assistant to
Milan M. Vinnola, Reg. No. 45,979

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3890

60693614 v1

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/796,875
		Filing Date	March 8, 2004
		First Named Inventor	Lurie, Keith G.
		Art Unit	1614
		Examiner Name	Nihar B. Patel
Total Number of Pages in This Submission	14	Attorney Docket Number	016354-005213US

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature	<i>Milan M. Vinnola</i>	
Printed name	Miran M. Vinnola	
Date	February 1, 2006	Reg. No. 45,979

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Signature	<i>Aurora Lowell</i>	
Typed or printed name	Aurora Lowell	Date February 1, 2006

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PATENT

Attorney Docket No.: 016354-005213US

TOWNSEND and TOWNSEND and CREW LLP

By: _____
Aurora Lowell

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Keith G. Lurie *et al.*

Application No.: 10/796,875

Filed: March 8, 2004

For: VENTILATOR AND METHODS
FOR TREATING HEAD TRAUMA
AND LOW BLOOD CIRCULATION

Customer No.: 20350

Confirmation No. 2670

Examiner: Nihir B PATEL

Technology Center/Art Unit: 1614

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed November 1, 2005, please enter the
following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this
paper.

Remarks/Arguments begin on page 7 of this paper.